

# FACT SHEET

## Tobacco Cessation

### Health Benefits of Cessation

- Smoking cessation stops pathogenic processes which lead to cancer<sup>1</sup> and other short- and long-term health benefits.<sup>2</sup>
- Just as smoking cessation reduces the health risks associated with smoking, smokeless tobacco cessation reduces the risks associated with its use.<sup>3</sup>

#### Health Benefits over Time When Smokers Quit<sup>2</sup>

Time Since Last Cigarette	Benefit
2 weeks to 3 months	Circulation improves and lung function increases.
1 to 9 months	Coughing and shortness of breath decrease. Cilia in the lungs regain normal function, increasing the ability to handle mucus, clean the lungs, and reduce the risk of infection.
1 year	The excess risk of coronary heart disease is half that of a continuing smoker.
5 years	Risks of cancers of the mouth, throat, esophagus, and bladder are cut in half. Cervical cancer risk falls to that of a nonsmoker. Stroke risk decreases to that of nonsmokers.
10 years	The lung cancer death rate is about half that of a continuing smoker; the risks of cancers of the larynx or pancreas decrease.
15 years	The risk of coronary heart disease is that of a nonsmoker.

### Quit Attempts by Youth

In 2013, the percentage of Wyoming high school smokers trying to quit was higher than the percentage of U.S. high school smokers trying to quit.<sup>5</sup> Between 2001 and 2013, the percentage of Wyoming high school smokers who had tried to quit smoking cigarettes during the 12 months prior to being surveyed declined slightly from 58% to 53%.<sup>4</sup> Nationally, the percentage of high school smokers who tried to quit smoking cigarettes declined significantly from 57% in 2001 to 48% in 2013.<sup>5</sup>

### Quit Attempts by Adults in Wyoming

In 2012, nearly seven out of every eight current adult smokers had made at least one 24-hour (or longer) quit attempt in their lifetime. About half of these people had made a 24-hour (or longer) quit attempt in the year prior to being surveyed.<sup>6</sup>

### Healthcare Professionals' Role

Healthcare professionals play a vital role in the Wyoming Tobacco Prevention and Control Program's efforts to increase the number of individuals who quit using tobacco. In 2012:<sup>6</sup>

- 58.8% of current smokers were advised by a health professional to quit smoking.
- 37.2% of current smokeless tobacco users were advised to quit.
- 47% of tobacco users who were advised to quit received some sort of information (e.g., booklets, videos, website addresses) to help them quit.

Additionally, health professionals are the most common primary referral source identified by Wyoming Quit Tobacco Program (WQTP) enrollees.<sup>7</sup>

#### Primary Way in Which Persons Contacting the WQTP Learned about the Program, July 2013–June 2014<sup>7</sup>

Referral Source	Percentage of WQTP Enrollees
Health professional	28%
Family member or friend	21%
Television	20%
Radio	10%
Flyer or Brochure	6%
Other	5%
Internet/Website	4%
Community Organization	4%
Workplace	2%
Newspaper	1%

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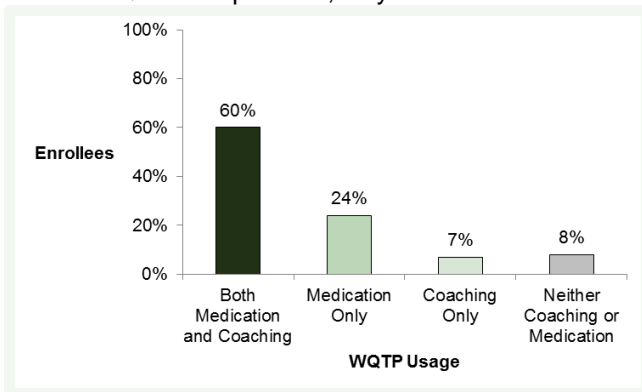
## The WQTP

WQTP assists Wyoming residents who want to quit using tobacco by providing them with free over-the-counter nicotine replacement therapies (NRTs) or vouchers for discounted prescription medication and by offering them free cessation coaching services over the phone or online.<sup>8</sup>

## WQTP Components Use

Medication was the most used program component, with 84% of enrollees using it alone or with coaching. Coaching, used alone or with medication, was used by most enrollees (68%). The majority (60%) of enrollees used both medication and coaching.<sup>8</sup>

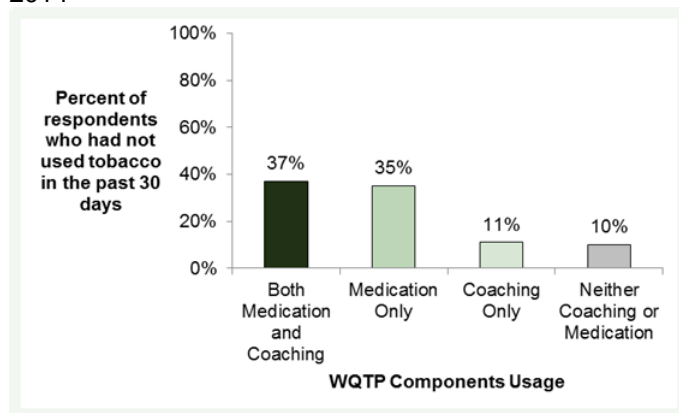
Use of WQTP Components, July 2013–June 2014<sup>8</sup>



## Success in WQTP

Overall, seven months after enrollment, 33% of WQTP survey respondents had not used tobacco in the 30 days prior to being surveyed. Enrollees who used medication alone or with coaching had higher success rates than those who did not use medication.<sup>8</sup>

Success Using WQTP Components, July 2013–June 2014<sup>8</sup>



## WYSAC Fact Sheet: Tobacco Cessation

Produced for the Wyoming Dept. of Health

August 2014 CHES-1432-FS08

Supported by Tobacco Settlement Funds. Contents are solely the responsibility of the authors and do not necessarily represent the official views of the Wyoming Department of Health.



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- <sup>1</sup> Centers for Disease Control and Prevention. (2010). *How tobacco smoke causes disease: The biology and behavioral basis for smoking-attributable disease—2010*. Atlanta, GA: U.S. Department of Health and Human Services, author, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health.
- <sup>2</sup> American Cancer Society. (2012). *Guide to quitting smoking*. Retrieved May 18, 2012, from <http://www.cancer.org>
- <sup>3</sup> International Agency for Research on Cancer. (2007). [Monograph]. *IARC Monographs on the Evaluation of Carcinogenic Risks to Humans*, 89. Retrieved December 7, 2011, from <http://monographs.iarc.fr>
- <sup>4</sup> Wyoming Youth Risk Behavior Survey [Data File 2001–2013]. (2013). Cheyenne, WY: Wyoming Department of Education. Retrieved March 27, 2012, from <http://www.k12.wy.us>
- <sup>5</sup> Youth Risk Behavior Surveillance System [Data File 1991–2013]. (2013). Atlanta, GA: Centers for Disease Control and Prevention. Retrieved August 14, 2014, from <http://www.cdc.gov>
- <sup>6</sup> WYSAC. (2014). *Report on the 2012 Wyoming Adult Tobacco Survey*, by M. Kato, L.H. Despain, & T. Comer Cook. (WYSAC Technical Report No. Ches-1428). Laramie, WY: Wyoming Survey & Analysis Center, University of Wyoming.
- <sup>7</sup> National Jewish Health. (2014). Wyoming Quit Tobacco Program Monthly Intake Data [Data File 2013, June – 2014, July]. Denver, CO: Author.
- <sup>8</sup> WYSAC. (2014). *Wyoming Quit Tobacco Program Follow-Up Survey: February – June 2014 Interviews*, by M. Kato & T. Comer Cook. (WYSAC Technical Report No. CHES-1428). Laramie, WY: Wyoming Survey & Analysis Center, University of Wyoming.